Rest Wallable Cab

	•					Application		XXEI NUM	per				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER		
TOTAL CLAIMS			20	22				RATE	FEE] [RATE	FEE	•
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			Sel) min	92) minus 20=		•		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			\ m	\ minus 3 =		•		X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM	PRESENT	RESENT				+140=		OR	+280=		ı
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	OR	TOTAL		
•		••	ייייייייייייייייייייייייייייייייייייייי	<u> </u>	J	OTHER	THAN	1 .					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Total	. 19	Minus	• 2	0.	- /		X\$ 9=		OR	X\$18=	/	
ME	Independent	• 1	Minus .	***	3	<i>5/</i>		X42=	1/	OR	X84=]
L	FIRST PRESENTATION OF M		MULTIPLE DE	ULTIPLE DEPENDENT		1 1	' '	+1404	1	OA	+280=		
	5/12/05						l	/YOY/	<u> </u>	OR	YOTAL ADDIT, FEE		j ·
erator:	- J (13	(Column 1)	(Colu	mn 2)_	(Column 3)		ADD11. FE		-]
8		CLAIMS			HEST .	PRESENT			ADDI				
EIGT.		AFTÉR AMENDMEN	П		OUSLY FOR	EXTRA		RATE	TIONAL		-RATE	TIONAL	
MENDMENTR	Total	. 19	Minus.	••	20		. ,	X\$ 9-		OR	X\$18=	• ,] :
AME	Independent	• '	Minus	***	<u> </u>	•	'	· X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	3	OR	+280=		
ļ .								TOT ADDIT: FI		OR	TOTAL ADDIT, FEI		1
		(Column 1			ımn 2)	(Column 3)	<u>. </u>			_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Γ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN	•	PREV	HEST MBER HOUSLY D FOR	PRESENT	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	•	Minus	**]	X\$ 9.		OR	X\$18=		1
	Independent	•	Minus	***		•		X42=		OR	V04.	1	1
	FIRST PRESE	ENTATION OF	MULTIPLE DI	PENDE	NT CLAIN			+140		1		1	1.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2"								101	2 		TOTA		-
-	if the "Highest No." "If the "Highest No. The "Highest No.	umber Presdout	w Peld For'. IN T	HIS SPACI	E to less th	an 3! enter "3."	٠	ADDIT. F			AUUII. PE	E l	1
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